

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 151

County Registrar No. _____

Local Registrar No. 175

No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Donald James Klein

If child is not yet named, make supplemental report, as directed.

Sex of Child

To be answered ONLY in event of plural births.

4. Twin, triplet or other. 26. Legitimate? yes

7. Date of birth

Aug 13, 1927
Month day year

5. No., in order of birth. _____

FATHER

Full name

Barnie James Klein

Residence (Usual place of abode)

Globe, Arizona

If nonresident, give place and state

Color or race

white11. Age at last birthday 20 (Years)

Birthplace (city or place)

Minnesota U.S.A.

(State or country)

Occupation

Nature of industry

workman in mine

MOTHER

Full maiden name

Mary Narcissus Lindenwood

15. Residence

(Usual place of abode)

Globe, Arizona

If nonresident, give place and state

16. Color or race

white17. Age at last birthday 20 (Years)

18. Birthplace (city or place)

Payson Utah

(State or country)

19. Occupation

Nature of industry

Housewife

Number of children of this mother

in as of time of birth of child herein
ted and including this child.)

- (a) Born alive and now living
- one
-
- (b) Born alive but now dead
- none
-
- (c) Stillborn
- none

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:45 p.m. on the date above stated.
(Born alive or stillborn.)

When there was no attending physician or wife, then the father, householder, etc., should make this return. A stillborn child one that neither breathes nor shows other signs of life after birth.

name added from
supplemental report

Signature

Address

T. C. Harper, M.D.
(Physician)Globe Arizona

Filed

8-31

19

27

Local Registrar.

Month, day, year.

Registrar.

Filed

19

County Registrar.

425-813-4444